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Attention: Examiner Michael Mendoza
Company: United States Patent and Trademark Office
Fax number: (703) 872-9306
From: Robert E. West
Date: October 28, 2005

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Number of Pages (including this cover): 15

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Applicant(s):	Casper et al.	Atty. Docket No.:	P-5352C1
Serial No.:	10/685,187	Group Art Unit:	3731
		Conf. No.	4211
Filed:	October 14, 2003	Examiner:	Mendoza, Michael
For:	Medicament Respiratory Delivery Device and Method		

The following documents are attached to this facsimile:

1. Amendment Transmittal Letter; and
2. Response to Office Action mailed July 28, 2005

Confidential

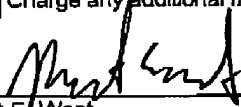
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OCT 28 2005

AMENDMENT TRANSMITTAL LETTER					
Application No. 10/685,187	Filing Date October 14, 2003	Examiner Michael Mendoza	Group Art Unit 3731		
Applicant(s): Casper et al.			Docket No. P-5352C1		
Invention: Medicament Respiratory Delivery Device and Method					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	32	- 32 =	0	x \$50.00	\$0
Independent Claims	6	- 4	2	x \$200.00	\$400
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					\$400.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-1666</u> in the amount of <u>\$400.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge and credit Deposit Account No. <u>02-1666</u> as described below.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Robert E. West Registration No.: 48,030 Becton, Dickinson and Company 1 Becton Drive Franklin Lakes, New Jersey 07417-1880 (201) 847-6782				Dated: <u>October 28, 2005</u>	
Doc# 100475					

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Casper et al.

Conf. No.: 4211

Serial No.: 10/685,187

Art Unit: 3731

Filing Date: October 14, 2003

Examiner: Mendoza, Michael


Docket No: P-5352C1

Title: Medicament Respiratory Delivery Device and Method

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING
TRANSMITTED VIA FACSIMILE TO THE COMMISSIONER FOR
PATENTS, FACSIMILE NUMBER 571-273-8300 or to P.O. BOX
1450, ALEXANDRIA, VA 22313-1450 ON:

October 28, 2005

BY: LORRAINE KOWALCHUK


(SIGNATURE)10-28-05
(DATE)**RESPONSE TO JULY 28, 2005 OFFICE ACTION**

Sir:

A timely response to this Office Action, which has a three-month period for response, is due no later than October 28, 2005. Thus, this response is timely filed. Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begin on page 2 of this paper.

Remarks begin on page 11 of this paper.

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